

LOBBYING SUPPLEMENTAL REGISTRATION FORM
To be used for changes to registrations and terminations.
2008



Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd floor, Baton Rouge LA 70808, (225)763-8777 or (800)842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 9-26-08

Supp-L

ACK

1073123

1. NAME Haynie Randy K.
Last First MI

2. BUSINESS PHONE 225-336-4143

3. BUSINESS ADDRESS P.O. Box 44032, Capitol Station Baton Rouge, LA 70804
Street and No. City State Zip

MAILING ADDRESS 1465 Ted Dunham Avenue Baton Rouge, LA 70802
Street and No. City State Zip

4. EMPLOYER Self-Employed

5. EMPLOYER'S ADDRESS _____
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM



1. Name Sight Savers of America

Address 169 Cahaba Valley Parkway, Pelham, AL 35124

Business or purpose : Eye Care Management

☒ New Representation X
Does this person pay you: Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

Please Remove:

1. Name Save Louisiana Summers

Address _____

Business or purpose :

☐ New Representation _____
Does this person pay you: _____

If No, who pays you? _____

☒ Terminated Representation as of September 24, 2008

2. Name Sight Savers of Alabama

Address _____

Business or purpose :

☐ New Representation _____
Does this person pay you: _____

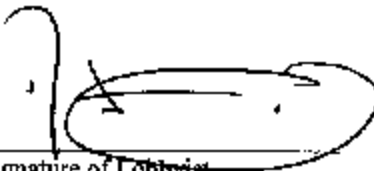
If No, who pays you? _____

☒ Terminated Representation as of September 24, 2008

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.





Signature of Lobbyist

Form 501, Rev. 8/98

